Law Enforc			Jse Only] SCHOOL B	BUS RAII	_ROAD	☐ MEDI	CAL ADVISORY	BOARD			Total Num.			otal Num.		TxDOT Crash II)				
SUPPL	.EMENT	П АСТІ	- IVE SCHOOL	ZONE C	ON PRIVA	— TE DRIVE O	r road/priva ⁻	TE PROPER	RTY/PAF	RKING	G LOT										
Texas Department of Transportation	Texas Peace Officer's Crash Report (Form CR-3 ALTERNATE 7/1/11) Mail to: Texas Department of Transportation, Crash Records, P.O. Box 149349, Austin, TX 78714. Questions? Call 512/486-5780 *These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.). Page of																				
*Crash Da (MM/DD/Y)				*Crash Time (24HRMM)			Case ID						Local Use								
*County Name							*City Name						Outside City Limits								
Roadway Part	11.	I-Main/Pr _ane	roper	2-Service/ Frontage Ro	oad [3-Entrar On Ram		Exit/Off		-Co lyo	nnector/ /er	1 1	98-Othei (Narrative)	1.	oad/		1				
Construct Zone	ion 🔲 N	No 🗌	Yes, no workers	Yes, wo	1 -	atitude Decimal)						Longitu (Decima									
*Address													•		esult in at		000	☐ Yes			
Intersect	ntersecting Road, Or If Crash Not At Intersection, Provide Nearest Intersecting Road Or Reference Marker																				
Crash at Intersection	on [Yes	☐ No	If No, Distanc Reference Ma		tersection	1				☐ FT		n From II ce Marke		n/						
Addre	ess ence Marl	ker										Railroad Crossin									
Unit, Dri	ver and I	Persons	nformatio	on																	
Unit Num	ber		Parked Veh	nicle 🔲 \	′es [] No	Did this unit "H	lit and Rui	n"?		Yes [☐ No		Po l ice, Fi	re, EMS or	Emerge	ency (Narrat	tive)			
Unit Descript.		Motor nicle	2-Train	n 🔲 3-Peda	alcyclist	4-I	Pedestrian		torized eyance		6-	Towed/Tr	ai l er [7-Non-	Contact	98-	Other (Narr	ative)			
LP State		LP Number			VIN			<u> </u>			<u></u>	<u> </u>					<u> </u>				
Vehic l e Year			Vehicle Make					hicle del						Vehicle Color							
Body Style	FE (Fa	OR Passen rm Equip ailer, Sem	.)	P4 (4DR F	ruck)	er Car) [[☐ PK (Pickup ☐ MC (Moto ☐ TT (Truck	rcyc l e)		SV (S	Ambular UV) /an)	nce) [s) lice Car/T ner (Narrati	_	PM (P	llow Schoo olice Moto known				
DL/ID Type		er Licens		-Commercial	•	icense	3-Occu				ID Card		-Un l icer	· · · · · · · · · · · · · · · · · · ·	<u>ve</u> 98-Otŀ		99-Ur	nknown			
DL/ID State		DL/ID Number					DL Class	DOB (MM/DI	D/YYYY)	ı			CI Er	DL Idorse.		DL Restrict.					
Address (Street, Cit	y, State, Z	ip)				<u>'</u>		•					<u>'</u>			'					
Owne	1	er/Lessee e & Addre													Proof of Insuran		=	Exempt Expired			
Insurance Company						Policy Number							Ins. Company Phone Number								
Vehicle Inventorie	. –	res No	wed By						To	owed	d To										
1. Person T 1-Driver 2-Passenge Occupan: 3-Pedalcycl 4-Pedestria 5-Motorcyc 6-Motorcyc Passenge 98-Other (N 99-Unknow	rype t t list n cle Driver cle er	2. Seat Pos 1-Front Left 2-Front Cer 3-Front Rig 4-2nd Seat 5-2nd Seat 6-2nd Seat I 8-3rd Seat I 9-3rd Seat I	t 10-C nter 11-C ht 13-C Left 14-P Center 16-P Right P Left 0 Center Co Right 98-C	edalcyclist, r Motorized onveyance other (Narrative) Inknown	Injury C - Possib K - Killed N - Not In 99 - Unkr	acitating W B H A A I I Sile Injury 99 99 99 99 99 99 99 99 99 99 99 99 99	. Ethnicity /- White - Black - Hispanic - Asian - Amer. Indian/ Alaskan Native 8 - Other 9 - Unknown	5. Ejected 1-No 2-Yes 3-Yes, Pari 97-Not Ap 99-Unkno	tial oplicable	1-S 2-S 3-L 4-C F 5-C 6-C	acing Forv	Lap Belt elt Only lly vard Facing Rear Unknown	96-None 97-Not A 98-Other 99-Unkno	(Narrative) own	7. Airbag 1-Not Depl 2-Deployed 3-Deployed 4-Deployed 5-Deployed 97-Not App 99-Unknov	d, Front d, Side d, Rear d, Multiple blicable vn	Damage 97-Not Ap 99-Unknov	n amaged ot d nknown plicable			
Person Num.	1. Person Type	2. Seat Position	(At		Primary I	First, Middl Person on fi ontinuation	irst line)	i)	3. Injur Severi		Age	4. Ethnicity	Sex	5. Ejected	6. Restraint	7. Airbag	8. Helmet	Sol. (Y or N)			
Driver/Pri Alcohol Sı		son:	1-Breath	2-Blood	<u> </u>	-Urine [4-Refused	96·	-None		l □ 98-0	ther (Narra	itive)	Alcohol	l Γest Resu l t		1				
Drug Specimen		lood [3-Urine	4-Refuse	d 🔲 9	6-None [98-Other (Narrative)		ug Test su l t] 1-Posit	ive 🔲	2-Negat	l ive $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	7-Not App	olicable	<u>· </u>	nknown			
Drug	2-C	NS Depre		3-CNS Sti		_	Ha ll ucinogen	s [6-N		tic Analg	•		ha l ants		_	3-Cannabis				
Category	<u> </u>	Disassoci	ative Anes	thetics	<u> </u>	Multiple D	Orugs (Narrative	e) [97-	Not	Applicab	ole	98-0	Other Dru	IGS (Narrativ	ve) 🔲 🤉	9-Unknov	vn			

Case ID				-													Page		of	ii
Addition	nal Unit,	Driver a	nd Persons I	nformation	1															
Unit Num Unit		/lotor	Parked Vehic				5 Motorized										n Emerg	ency (f	Narrati	ve)
Descript.		hic l e	2-Train	3-Peda	alcyclist	4	4-Pedestrian Conveyance 6-Towed/Trailer 7									-Contact	98-	Other	(Narra	itive)
LP State		Numbe	er		VIN	<u> </u>	<u> </u>						<u> </u>	<u> </u>						<u> </u>
Vehicle Year			Vehicle Make						hicle odel						Vehicle Color					
Body ,	P2 (20	OR Passe	nger Car) [P4 (4DR F	☐ PK	(Pickur	p)		AM	1 (Ambula	nce) [BU (Bu	us)		SB (Ye	llow S	choo	l Bus)		
Style	☐ FE (Fa		_	FT (Fire T	•	_	(Moto	•			(SUV)	[PC (Pc			☐ PM (P			cyc l e)	
DL/ID ,	☐ TL (Tr	ailer, Ser	ni, Po l e) [TR (Truck)		Πп	(Truck	Tractor	r) 🔲	VN	(Van)	[her (Narra	ative)	99-Ur	ıknowı	า	
Туре	1-Driv		se 🗌 2-0	Commercial	Driver Lice	ense		3-Occu			<u> </u>	4- I D Card		5-Un l ice		98-0		99-Unknown		
DL/ID State		DL/ID Numbe	er				DL Class		(MM	S I/DD/YYY	Υ)			_	DL ndorse.		DL Rest	rict.		
Address (Street, Ci	(Street, City, State, Zip)																			
	□ Owner Owner/Lessee															•				
Insurance						olicy umbe	,							Ins. Cor	npany Number					<u>,p =</u>
Company Vehicle		Yes _	d D		N	umbe					-	red To		Phone	Number					
Inventori		No '	owed By	1	3. Injury Sev	verity	4. Ethnic	-itv	5. Ejec			6. Restraint	llsad			7. Airbag	•	Я На	lmet l	Ilsa
1-Driver 2-Passenge		1-Front Le	eft 10 - Car	go Area tside Vehicle	A - Incapacit	ating	W - White B - Black	e	1-No 2-Yes	····	1	1-Shoulder & 2-Shoulder E	& Lap Belt	96-None	Applicable	1-Not De 2-Deploy	ployed	1-No	Worr	1
Occupar 3-Pedalcyc	nt	3-Front Ri 4-2nd Sea	ght 13-Oth	ner in Vehicle senger in Bus	B - Non- Incapacit		H - Hispa A - Asian	inic	3-Yes, F	Partial : Applical	3	3-Lap Belt O 1-Child Seat	nly		r (Narrative		ed, Side	3-Worn, Not		
4-Pedestria 5-Motorcy	an		t Center 16-Pec		Injury C - Possible I		I - Amer		99-Unk			Facing For 5-Child Seat	ward		OWII		ed, Multipl	ıltiple 4-Worn, Unknowr		
6-Motorcy Passenge	cle	7-3rd Seat 8-3rd Seat	t Left or N	Notorized veyance	K - Killed N - Not Injur		98 - Othe	er			6	5-Child Seat, 7-Child Boos	. Unknown			own	97-Not Applicable 99-Unknown If Worl			
98-Other (I 99-Unknov	Narrative)	9-3rd Sea		er (Narrative)	99 - Unknow															
Person	1. Person	2. Seat		(Driver or	Primary Per	t, First, Middle 3. y Person on first line) Injury						Age	4. Ethnicity	Sex	5. Ejected	6. Restrain	7. t Airbag	8 Heli		Sol.
Num.	Type	Position	(Atta	ch "Additional	Persons Cont	tinuatio	on Form"	if needed	d)	Seve	erity				-					(Y or N)
															ļ					
Driver/Pr Alcohol S	imary Per	son:	1-Breath [2-B l ood	3-Uı	rine	4-	Refuse	d 🔲	96-Noi	ne	98-	Other (Nai	rative)	Alcoho	l Test Resu	lt		I	
Drug Specimen	<u>·</u>	lood [3-Urine [4-Refused	d <u></u> 96-N	Vone	1 1	3-Other		Drug Te Resu l t	st	1-Posi	itive	2-Negat	tive 🔲	97-Not Ap	— plicable	_ · <u></u> 9	9-Un	known
Drug		NS Dep	ressants [3-CNS Sti	mulants		-Ha ll uc				Naro	cotic Anal	gesics	7 -I r	nhalants			3-Canr	nabis	
Category			ciative Anesth			•	Drugs (ot App l ica		<u> </u>	Other D	rugs (Narra	tive)	99-Unl	now	'n
Disposit Unit	ion of In		illed (I f additi	onal l ines ar	e needed ι	use th	e "Disp	osition	of Add	itional	nju	red/Kil l ed	Form")			Date of Dea	a th	Time	e of D	oath.
Num.	Num			Taken 1	Го						1	Taken By				MM/DD/YY			4HRM	
Damage																				
	Damage	d Prope	ty Other than	Vehicles				O	wner's l	Name						Owner's	Address			

Case ID									<u> </u>									Page_	of	iv		
Comn	nerci	al Mot	tor Ve	hicle																		
Unit Num.				10,00	1+ LB	` I I	RANSPO			9+ CAPAC I TY	, Vehicle Operat			ate Commerc	:e [Comme				
		1-US			2-TxD0		3- I CC/N		ATERIAL — arrier	1	Operat		3-Not in (Carrier	Commerce	L	_ 4-Gove	vernment 5-Personal					
Carrie ID Typ		1-03 96-No		_		ור ב וer (Narra			arrier O Num.				Carrier Corp. Name									
Carrie							-	-						Total Num.				tal Num.				
Prima	ry Ad	dress												Axles		. 6: 1 1	Tir					
Vehic] 1 - Pas	senge	r Car	2	-Light Tr	uck	<u> </u>	3-Bus (9-15)	☐ 4-B	Bus (>15)			lle Unit Truck es 6 Tires)		5-Single l 3 or Mor			7-Truck	Trailer		
Type		8-Tru	ck Tra	ctor	_□ 9	-Tractor,	'Semi		10-Tractor/D	oub l e 🖂 11-	-Tractor/Tr	p l e		ner (Narrative)		99-Unkno		,				
		Bobt (Bobt	:ail)		ЧΤ	railer		Ш-	Trai l er	□ Tra	iler		_		Ш	Heavy Tru	ıck					
Roadw	ay A	ccess		1-Fu ll	Acces	s Contro	I 🔲 2-	Partial	Access Cont	ro l 🔲 3-No	Access Cor	ntrol	☐ RGVW				Ha	z Mat. Re	eleased	☐ Yes ☐ No		
				•		<u></u>			.1.1.122.1.					ers & Organic	Haza	rdous Ma	terial	ID Numb	er l	NO		
Haz M			Exp l os		_	-Gases	_		nab l e Liquids	4-F l amm	iable Solid	s [└─ Peroxide	S	[-7/	<u>T</u>	<u> </u>	T		
Class N	vum.	1 1	bstan		ais & i	nfectiou		Radioa aterials		8-Corros	ive Materia	als [Dangero	anous us Goods		i][_		i	.i		
	_	1-E	Exp l os	ives	□ 2	-Gases	☐ 3-	F l amm	nab l e Liquids	4-Flamm	nable Solid	s [5-Oxidize	ers & Organic	Haza	rdous Ma	terial	ID Numb	er			
Haz M Class N					— als & I	nfectiou		Radioa	ctive		ivo Matari	ا ماد	— Peroxide — 9-Misce ll	-								
			bstan					aterials	S		sive Materia			us Goods	<u> </u>							
Cargo		_	Bus (9-	,	vor		Bus (>1.	-	tor	☐ 3-Van/Encl			4-Cargo Tar	_		latbed Pole			-Dump 3-Interma	ndal		
Body Style		7-C			xer	_	-Auto Tra 5-Vehicle	•	ter ng Another V	9-Garbage	neiuse	_	10-Grain Ch 97-Not App			Pole Other (Na	الحجرس	_	3-Intermo	Juai		
	П	☐ 14· Unit	-Logg	ırıy	□ R	GVW	-veriici	IOWIF	ig Another V	CHICIE	 	 Jnit	ar-inor Abb	RGVW	₉₈ -	outer (Na	evitative)				
Trailer		Onit Num.			_	SVWR					Trailer	Init lum.		GVWR								
1		Туре		1-Ful l	Trai l ei	· [2-Semi	Trailer	3-Pol	le Trailer	2 L	ype	1-Full	Trai l er [2-S	emi-Trai l	er	☐ 3-Pc	le Trailer			
								9. 9	Sequence of E	vents							9. S	equence	of Events			
		sion: Rar sion: Jac		oad					Cross Median/ Equipment Fail		15-Collision 16-Collision					Event	E	vent	Event	Event		
3-Non-	Collis	ion: Ov	erturn				10-Non-C	ollision:	Other	u. c	17-Collision	n: Anin	maĺ			1		2	3	4		
		sion: Do sion: Car					11-Non-C 12-Collisi		Unknown estrian		18-Collision 19-Collision		d Object k Zone Mainte	enance Equip.								
		ion: Exp			vite				or Vehicle in Tr ed Motor Vehic	•			er Movable Ob nown Movabl									
7-NOII-	COIIIS	sion, sep	Jaratio	11 01 01	1115		14-Comsi	JII. Falki	ed Motor Verill	cie				e Object								
7-Non-Collision: Separation of Units 14-Collision: Parked Motor Vehicle 21-Collision: Unknown Movable Object 98-Other (Narrative) Contributing Factors, Vehicle Defects, and Damage Rating																						
Contri	butin	ng Facto	ors, Ve	hicle D	efects	, and Dai	nage Rat	ng		10 5			ve)									
		Road, Do				, and Dai			3:	10. Factors a 5-FTYROW, Stop S	nd Condition			er Start from Pa	rked Po	sition 62	-Takin	g Medicati	on (Narrativ	/e)		
1-Anim 2-Anim	al on I al on I	Road, Do Road, W	omestic ild			22-Failed 23-Failed	o Control o Drive in	Speed Single La	ane 36	5-FTYROW, Stop S 6-FTYROW, To Ped	and Conditio ign destrian		49-Improp 50-Load No	ot Secure		63	-Turne	d Imprope	rly, Cut Cor	ner on Left		
1-Anim 2-Anim 3-Backe 4-Chan	al on I al on I ed Wit ged La	Road, Do Road, W hout Saf ane whe	omestic ild fety en Unsa	:		22-Failed 23-Failed 24-Failed 25-Failed	o Control o Drive in o Give Ha o Heed W	Speed Single La f of Road arning Si	ane 36 dway 33 ign 38	5-FTYROW, Stop S 6-FTYROW, To Ped 7-FTYROW, Turnin 8-FTYROW, Turn o	i nd Conditio ign lestrian g Left n Red		49-Improp 50-Load No 51-Opened 52-Oversize	ot Secure d Door into Traff ed Vehicle or Lo	ic Lane ad	63 64 65	-Turne -Turne -Turne	d Imprope d Imprope d Imprope	rly, Cut Cor rly, Wide Ri rly, Wrong	ner on Left ight		
1-Anim 2-Anim 3-Backe 4-Chan 14-Disa 15-Disr	al on I al on I ed Wit ged La bled i egard	Road, Do Road, W hout Saf ane whe in Traffic Stop an	omestic ild fety en Unsa : Lane id Go Si	fe gnal		22-Failed 23-Failed 24-Failed 25-Failed 26-Failed 27-Failed	o Control o Drive in o Give Ha o Heed W o Pass to I o Pass to I	Speed Single La f of Road arning Si eft Safel tight Safel	ane 36 dway 33 ign 38 iy 39 ely 40	5-FTYROW, Stop S 6-FTYROW, To Ped 7-FTYROW, Turnin 8-FTYROW, Turn o 9-FTYROW, Yield S 0-Fatigued or Asle	ind Condition ign Jestrian ig Left in Red Sign		49-Improp 50-Load No 51-Opened 52-Oversize	ot Secure d Door into Traff ed Vehicle or Lo se and Pass Insu	ic Lane ad	63 64 65 66 67	-Turne -Turne -Turne -Turne -Unde	d Imprope d Imprope d Imprope d when Ur r Influence	erly, Cut Cor erly, Wide Ri erly, Wrong nsafe , Alcohol	ner on Left ight		
1-Anim 2-Anim 3-Backe 4-Chan 14-Disa 15-Disr 16-Disr	al on I al on I ed Wit ged La bled i egard egard	Road, Do Road, W hout Sal ane whe in Traffic Stop an Stop Sig	omestic ild fety en Unsa : Lane id Go Si gn or Li	fe gnal		22-Failed 23-Failed 24-Failed 25-Failed 26-Failed	o Control o Drive in o Give Ha o Heed W o Pass to I o Pass to I	Speed Single La f of Road arning Si eft Safel tight Safel	ane 36 dway 33 ign 38 ly 39 ely 40 frong 4	5-FTYROW, Stop S 6-FTYROW, To Ped 7-FTYROW, Turnin 8-FTYROW, Turn o 9-FTYROW, Yield S	ind Condition ign Jestrian ig Left in Red Sign		49-Improp 50-Load No 51-Openec 52-Oversiz 53-Overtak Clearan 54-Parked	ot Secure d Door into Traff ed Vehicle or Lo se and Pass Insu	ic Lane ad fficient	63 64 65 66 67 68	-Turne -Turne -Turne -Turne -Unde	d Imprope d Imprope d Imprope d when Ur r Influence r Influence	erly, Cut Cor erly, Wide Ri erly, Wrong nsafe , Alcohol , Drug	ner on Left ight Lane		
1-Anim 2-Anim 3-Backe 4-Chan 14-Disa 15-Disr 16-Disr 17-Disr	al on l al on l ed Wit ged La bled i bled i egard egard ersecti	Road, Do Road, W thout Sal ane whe in Traffic Stop an Stop Sig Turn Ma	omestic ild fety en Unsa : Lane id Go Si gn or Li arks at	fe gnal		22-Failed 23-Failed 24-Failed 25-Failed 26-Failed 27-Failed 28-Failed Signal 29-Failed	o Control o Drive in o Give Ha o Heed W o Pass to I o Pass to I o Signal o	Speed Single La f of Road arning Si eft Safel tight Safe Gave W	ane 36 dway 33 ign 38 ly 39 ely 40 /rong 4 lace 43	5-FTYROW, Stop S 5-FTYROW, To Ped 7-FTYROW, Turnin 8-FTYROW, Turn o 9-FTYROW, Yield S 0-Fatigued or Asle 1-Faulty Evasive A 2-Fire in Vehicle 3-Fleeing or Evadii	and Condition ign Jestrian Ig Left In Red Sign In Red Sign In Red Sign In Red Sign In Red Sign In Red Sign In Red Sign Sign Sign Sign Sign Sign Sign Sign		49-Improp 50-Load No 51-Openec 52-Oversiz 53-Overtak Clearan 54-Parked 55-Parked 56-Parked	ot Secure If Door into Traff If Vehicle or Lo If and Pass Insur If	ic Lane ad fficient t Brake	63 64 65 66 67 68 69	-Turne -Turne -Turne -Unde -Unde -Wron	d Imprope d Imprope d Imprope d when Ur r Influence r Influence g Side, App g Side, Not	erly, Cut Cor erly, Wide Ri erly, Wrong nsafe , Alcohol , Drug proach or Ir : Passing	ner on Left ight Lane ntersection		
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Texas Peace Officer's Crash Report, Additional Persons (Form CR-3 ALTERNATE 7/1/11)

Mail to: Texas Department of Transportation, Crash Records, P.O. Box 149349, Austin, TX 78714. Questions? Call 512/486-5780

*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

													Page of									
*Crash Da (MM/DD/Y					ash Time HRMM)			Case ID					TxDOT Crash ID)								
*County Name								*City Name														
*Address								Т														
ORI Num.							*Agency			District/ Area			-									
Addition	al Perso	ons																				
1. Person		2. Seat Po	sition			3. Injury	Severity 4.	Ethnicity	5. Ejected	d	6. Restraint	Used			7. Airba	g	1	8. Helmet	Use			
1-Driver		1-Front Let	ft 10-	-Cargo /			acitating W	- White	1-No		1-Shoulder &	k Lap Belt	96-None		1-Not De	eployed		1-Not Wor	n			
2-Passenge	er/	2-Front Ce			le Vehicle	Injury		Black	2-Yes		2 - Shoulder E	Belt Only	97-Not A	pplicable		yed, Front	c [:	2-Worn, Da	amaged			
Occupan		3-Front Rig			in Vehicle			- Hispanic	3-Yes, Par		3-Lap Belt O	nly			3-Deploy	yed, Side	3	3-Worn, No				
3-Pedalcyc		4-2nd Seat			nger in Bus		acitating A				4-Child Seat		99-Unkno	own	4-Deploy	yed, Rear		Damage				
4-Pedestria			t Center 16-			Injury		Amer. Indian/	99-Unkno		Facing For							4-Worn, Ur				
5-Motorcy		6-2nd Seat 7-3rd Seat		Pedalcy or Moto		C - Possik K - Killed		Alaskan Native - Other			5-Child Seat 6-Child Seat,				97-Not <i>P</i> 99-Unkn	Applicable	' L	Damage 97 - Not Ap _l	مليا ممالي			
6-Motorcy Passenge		8-3rd Seat		Convey		N - Not Ir		- Other - Unknown			o-Child Seat, 7-Child Boos				99 - UNKN	own	13	97-NOLAP	vn If Worn			
		9-3rd Seat				99 - Unkr		011111111111111111111111111111111111111			,	ter beat			ł			,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
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Unit Num.	Person	Person	Seat					on first line)		Injury	Age	Ethnicity	Sex	Ejected	Restrair	nt Airba	ag	Helmet	Sol.			
IVUIII.	Num.	Туре	Position	(At	ttach "Addi	itional Pers	ons Continu	ation Form" if n	eeded)	Severity	1					\perp	\perp		(Y or N)			
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Texas Peace Officer's Crash Report, Disposition of Additional Injured/Killed Form (Form CR-3 ALTERNATE 7/1/11)

Mail to: Texas Department of Transportation, Crash Records, P.O. Box 149349, Austin, TX 78714. Questions? Call 512/486-5780

*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

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*Crash Date (MM/DD/YY)	e (Y)		*Crash Time (24HRMM)					ID	TxDOT Crash ID	TxDOT Crash ID						
*County Name																
*Address							*City Nam	r e								
ORI Num.						*Agency			C A	District/ Area						
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Unit	Person									Da	ate of De	ath	Time	of Death	h	
Num.	Num.		Ta	aken To				Taken By		(M	M/DD/Y	YYY)	(24	HRMM)		
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